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EXAMINER

TRAN, PHILIP B

ART UNIT	PAPER NUMBER
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2155

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PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary

Application No.

09/782,685

Applicant(s)

HAYS ET AL.

Examiner

Philip B. Tran

Art Unit

2155

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 31 October 2007.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-13 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-13 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date <u>10/31/07</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Notice to Applicant

1. This communication is in response to Remarks with an RCE filed 31 October 2007. No claims have been amended or canceled. Therefore, claims 1-13 are pending for further examination.

Claim Rejections - 35 U.S.C. § 102

2. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless --

(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

3. Claims 7-9 are rejected under 35 U.S.C. § 102(b) as being anticipated by Warner et al, "MED WIDE WEB, The Webification of Medicine: Interventional Informatics Through the WWW" (January 1997), from website <http://www.pulsar.org/archive/febweb/papers/mww3.htm>, (Hereafter, Werner).

Regarding claim 7, Werner teaches an information collection system (= medical wide web knowledgebase system for tracking of patient records by using care portals, bridge and docking stations) [see Werner, Figure on Page 1] comprising:

a central computer system for a web site (= central server "bridge"), the central computer system providing a repository for the information (= storing data such as patient record on the central server "bridge") [see Werner, Figure on Page 1],

registering users of the web site and accessing the information (= the user authentication/authorization process) [see Werner, Page 2, Paragraphs 3-4]; and a plurality of collection kiosks (= care portals and docking stations) [see Werner, Figure on Page 1], for collecting information about users for verifying whether a user is registered at the web site (= there is user authentication/authorization process) [see Werner, Figure on Page 1 and Page 2, Paragraphs 3-4], and for sending the collected information to the central computer system when the user is registered (= providing access to health services and patient record data) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4].

Regarding claim 8, Werner further teaches the information system of claim 7 wherein the information is medical information (= patient record includes collecting data such as renal fluid retention, potassium content, blood volume, etc.) [see Werner, Page 2, Paragraph 3].

Regarding claim 9, Harris teaches a computer-based method for collecting medical information of users of a web site (= medical wide web knowledgebase system for tracking of patient records by using care portals, bridge and docking stations) [see Werner, Figure on Page 1], the method comprising:

registering the users at the web site when information about a user is collected at one of a plurality of collection kiosks, determining whether the user is registered at the

website (= there is user authentication/authorization process) [see Werner, Figure on Page 1 and Page 2, Paragraphs 3-4], and

when registered, sending the collected information to a computer system so that the collected information is accessible to the user through the web site (= providing access to health services and patient record data stored on the central server "bridge" database) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4].

Claim Rejections - 35 USC § 103

4. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

5. Claim 1, 3-6 and 10-13 are rejected under 35 U.S.C. 103(a) as being unpatentable over Warner et al, "MED WIDE WEB, The Webification of Medicine: Interventional Informatics Through the WWW" (January 1997), <<http://www.pulsar.org/archive/febweb/papers/mww3.htm>>, (Hereafter, Werner) in view of Karpf et al (Hereafter, Karpf), U.S. Pat. No. 7,287,031.

Regarding claim 1, Werner teaches a method in a computer system for distributing user information for registered users from the computer system to collection kiosks (= medical wide web knowledgebase system for tracking of patient records by using care portals, bridge and docking stations) [see Werner, Figure on Page 1], the method comprising:

providing user information for registered users, the user information comprising medical information specific to the registered users (= providing users for accessing to health services and patient record data) [see Werner, Figure on Page 1 and Page 1, Paragraphs 3-4 and Page 2, Paragraphs 3-4]; and

for each of the collection kiosks (= care portals and docking stations) [see Werner, Figure on Page 1],

receiving a request from the collection kiosk for the generated user information and sending to the requesting collection kiosk the user information (= requesting for health services and patient record data and providing access to health services and patient record data) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4]; and

storing the user information at the requesting collection kiosk for subsequent requests, wherein the collection kiosks use the user information to verify whether a user

is registered (= storing data on the central server "bridge" and there is user authentication/authorization process) [see Werner, Figure on Page 1 and Page 2, Paragraphs 3-4].

Werner teaches that patient record stored in the database can be displayed in addition to the live data from patient [see Werner, Page 1, Paragraph 3] and also real-time information traversing back and forth between participants of the medical web-based collaborative system [see Werner, Page 1, Paragraph 4]. Werner does not explicitly teach receiving and generating update user information (update patient record data). However, Karpf, in the same field of maintaining patient record data, discloses updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 3, Werner does not explicitly teach the method of claim 1 wherein the received update user information includes indications of whether to add a registered user, delete a registered user, or change information relating to a registered user though Werner does suggest modifying contents and data reduction [see Werner, Page 2, Paragraphs 1 & 4]. However, Karpf, in the same field of maintaining patient record data, discloses signing-up a new patient or updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of

ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner for the same reason set forth above to claim 1.

Regarding claim 4, Werner does not explicitly teach the method of claim 1 wherein a collection kiosk sends a request for the generated update user information once a day. In addition, though Karpf teaches up updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63], Karpf does not explicitly teach updating user information once a day. However, it would have been obvious to one skilled in the art to do updating once a day in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 5, Werner further teaches the method of claim 1 wherein the user information includes a user identifier and a password (= the user authentication/authorization process indicates that a user identifier and a password are inherently included) [see Werner, Page 2, Paragraph 4].

Regarding claim 6, Werner teaches a method in a collection kiosk for retrieving updated user information (= medical wide web knowledgebase system for tracking of patient records by using care portals, bridge and docking stations) [see Werner, Figure on Page 1]:

providing user information for registered users, the user information comprising medical information specific to the registered users (= providing users for accessing to

health services and patient record data) [see Werner, Figure on Page 1 and Page 1, Paragraphs 3-4 and Page 2, Paragraphs 3-4];

sending a request for user information and in response to sending the request, receiving the user information (= requesting for health services and patient record data and providing access to health services and patient record data) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4]; and

storing the updated user information at the collection kiosk for subsequent requests wherein the collection kiosk can verify whether a user of the collection kiosk is registered (= storing data on the central server "bridge" and there is user authentication/authorization process) [see Werner, Figure on Page 1 and Page 2, Paragraphs 3-4].

Werner teaches that patient record stored in the database can be displayed in addition to the live data from patient [see Werner, Page 1, Paragraph 3] and also real-time information traversing back and forth between participants of the medical web-based collaborative system [see Werner, Page 1, Paragraph 4]. Werner does not explicitly teach updating the provided user information for the registered user in accordance with the received updated user information (update patient record data). However, Karpf, in the same field of maintaining patient record data, discloses updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 10, Werner does not explicitly teach the method of claim 1 wherein a collection kiosk automatically sends a request for the generated update user information periodically. In addition, though Karpf teaches up updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63], Karpf does not explicitly teach updating user information periodically. However, it would have been obvious to one skilled in the art to do updating periodically in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claims 11-12, Werner does not explicitly teach the method of claim 6 wherein said sending a request for updated information is automatic and performed periodically or daily. In addition, though Karpf teaches up updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63], Karpf does not explicitly teach updating user information periodically or daily. However, it would have been obvious to one skilled in the art to do updating periodically or daily in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

Regarding claim 13, Werner further teaches the information collection system of claim 7 wherein the information comprising medical information specific to the registered users (= patient record includes collecting data such as renal fluid retention, potassium content, blood volume, etc.) [see Werner, Page 2, Paragraph 3] and the

central computer system further is for receiving the user information from the collection kiosks (= storing data such as patient record on the central server "bridge" database) [see Werner, Figure on Page 1], and for each of the collection kiosks (= care portals and docking stations) [see Werner, Figure on Page 1], receiving a request from the collection kiosk for the generated user information and sending to the requesting collection kiosk the user information (= requesting for health services and patient record data and providing access to health services and patient record data) [see Werner, Figure on Page 1 and Page 2, Paragraphs 1-4].

Werner teaches that patient record stored in the database can be displayed in addition to the live data from patient [see Werner, Page 1, Paragraph 3] and also real-time information traversing back and forth between participants of the medical web-based collaborative system [see Werner, Page 1, Paragraph 4]. Werner does not explicitly teach receiving and generating update user information (update patient record data). However, Karpf, in the same field of maintaining patient record data, discloses updating the patient's information in the database [see Karpf, Col. 22, Lines 53-63]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the teaching of Karpf into the teaching of Werner in order to ensure that the medical records are maintained in a timely and efficient manner for up-to-date attention.

6. Claim 2 is rejected under 35 U.S.C. 103(a) as being unpatentable over Warner et al, "MED WIDE WEB, The Webification of Medicine: Interventional Informatics Through the WWW" (January 1997), <<http://www.pulsar.org/archive/febweb/papers/mww3.htm>>, (Hereafter, Werner) in view of Karpf et al (Hereafter, Karpf), U.S. Pat. No. 7,287,031 and further in view of McMillan, U.S. Pat. No. 5,826,267.

Regarding claim 2, Werner and Karpf do not explicitly teach the method of claim 1 wherein the collection kiosks operate as FTP clients and the computer system operates as an FTP server.

However, McMillan, in the same field of client-server architecture with information kiosk endeavor, discloses the use of File Transfer Protocol (FTP) known as one of Internet client/server protocol [see McMillan, Col. 2, Lines 1-15]. It would have been obvious to one of ordinary skill in the art at the time of the invention was made to incorporate the implementation of File Transfer Protocol (FTP), disclosed by McMillan, into the system of registry information to collect information from kiosks for storing in the central server disclosed by Werner, in order to enable the user to efficiently upload and download files to and from a remote FTP site over the network such as the Internet.

Other References Cited

7. The following references cited by the examiner but not relied upon are considered pertinent to applicant's disclosure.

A) O'Hanlon et al, U.S. Pat. No. 7,246,069.

B) Ballantyne et al, U.S. Pat. No. 5,867,821.


Response to Arguments

8. Applicant's arguments with respect to claims 1-13 have been considered but are moot in view of the new ground(s) of rejection.

9. A SHORTENED STATUTORY PERIOD FOR RESPONSE TO THIS ACTION IS SET TO EXPIRE THREE MONTHS FROM THE MAILING DATE OF THIS COMMUNICATION. FAILURE TO RESPOND WITHIN THE PERIOD FOR RESPONSE WILL CAUSE THE APPLICATION TO BECOME ABANDONED (35 U.S.C. § 133). EXTENSIONS OF TIME MAY BE OBTAINED UNDER THE PROVISIONS OF 37 CAR 1.136(A).

10. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Philip Tran whose telephone number is (571) 272-3991. The Group fax phone number is (571) 273-8300. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Saleh Najjar, can be reached on (571) 272-4006.

11. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).



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Jan 03, 2008